



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. JOSEPH HOSPITAL (FORT WAYNE)

City of Hospital: Fort Wayne

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Mike Rutkowski

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Medicare Provider Number: 150047

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$280652580
Outpatient Patient Service Revenue	\$230604552
Total Gross Patient Service Revenue	\$511257132

2. Deductions From Revenue

Contractual Allowance	\$421778154
Other Deductions	\$0
Total Deductions	\$421778154

3. Total Operating Revenue

Net Patient Service Revenue	\$89478978
Other Operating Revenue	\$79374
Total Operating Revenue	\$89558352

4. Operating Expenses

Salaries and Wages	\$31691046	Employee Benefits	\$5996792
Depreciation and Amortization	\$5296877	Interest Expense	\$157845
Bad Debt	\$7490433	Other Expenses	\$45650618
Total Operating Expenses	\$96283611		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-6725259	Total Assets	\$65916040
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$65916040

Total Net Gains	\$-6725259
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$138327455	\$119805482	\$18521973
Medicaid	\$155546771	\$135906574	\$19640197
Other Government	\$24952711	\$22238367	\$2714344
Other State	\$0	\$0	\$0
Other Payers	\$192430195	\$143827732	\$48602463
Total	\$511257132	\$421778155	\$89478977

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$1280	\$98650	\$-97370

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$145	\$2654448	\$-2654303
Hospital Patients	\$0	\$16498	\$-16498
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	1000
Number of Hospital Patients Educated	3000
Number of Citizens Exposed to Health Education Messages	100000

Statement Six: Charity Statement

Hospital Charity Charges	\$830759
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$830759	
HCI Payments	\$0		
Subtotal	\$0	\$830759	\$-830759
Medicaid Shortfalls	\$5379319	\$2937923	
Subtotal	\$5379319	\$3768682	\$1610637
DSH Payments	\$1,833,495		
Subtotal	\$7212814	\$3768682	\$3444132
Medicare Shortfalls	\$18521972	\$24024181	
Other Government Programs	\$0	\$0	
Total	\$25734786	\$27792863	\$-2058077

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$2808951	\$-2808951
Other Allocations	\$0	\$0	\$0

Comments

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